

THE STATE OF NEW HAMPSHIRE



GOVERNOR'S COMMISSION ON DOMESTIC VIOLENCE

DIVISION FOR CHILDREN, YOUTH AND FAMILIES: PROTOCOL ON THE HANDLING OF DOMESTIC VIOLENCE CASES

**DIVISION FOR CHILDREN
YOUTH AND FAMILIES:
DOMESTIC VIOLENCE PROTOCOL**

**Prepared by the
Governor's Commission on Domestic Violence**

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INTRODUCTION

Domestic violence is strongly linked to child abuse and neglect, including child deaths (U.S. Advisory Board on Child Abuse and Neglect, 1995). Violence claims the lives of approximately 2,000 children a year in the U.S. It is estimated that 50 percent of homes with adult violence also involve child abuse and neglect. Domestic violence is a factor in as many as 70% of the cases which result in child fatality.

The Division for Children, Youth and Families (DCYF) recognizes the need to identify and respond to families where domestic violence is occurring. This protocol is the beginning of a very important process. It provides a guideline for identifying domestic violence in homes where alleged child abuse/neglect may have occurred, thereby addressing the pervasive influence of any violence in the home.

In all situations of domestic violence, it is important for the child protective service worker to collaborate with the local domestic violence crisis centers. Professionals who work in both child welfare and domestic violence fields share common goals: family safety, security, and permanency. It may aid collaborative efforts to frame these goals as a common vision. By working together, child protection workers and domestic violence advocates can help families be safe.

These protocols are the first steps as guidelines for the Division as it continues to address the complex issue of domestic violence. Future steps will involve comprehensive training for all DCYF staff, including the effects domestic violence has on children. This extensive training is essential as it is imperative that each family situation be evaluated on its own merit. In addition, training and separate protocols are in the process of being developed for DCYF's juvenile service workers (JSO).

The complexity of these issues requires cooperative efforts by **all** those involved, not only to assess reports but to assist those referred and in need of supportive intervention. Interagency collaboration, communication and coordination by the service providers who come into contact with the family, must exist if there is to be an effective response to domestic violence. No one person or agency can effectively deal with the issues of family violence. Domestic violence and other forms of family violence are broad and serious community problems which need community solutions.

SCOPE AND PURPOSE

These protocols serve as a guide to assist child protective service workers (CPSW), as well as community agencies working with children, in their efforts to secure safety for children when dealing with family violence.

The primary focus of DCYF intervention in domestic violence cases is the ongoing assessment of safety issues as a result of violence in the home. The most effective method to protect children in domestic violence cases is to join with the non-violent adult in safety planning and to hold the offending adult accountable.

For grammatical simplicity, there are sections of this document in which the adult victims of domestic violence are referred to as "she" or "her". Likewise, abusers are referred to as "he" or "him". It should be noted, however, that there are situations in which women abuse men and situations involving same-sex violence.

DCYF GUIDING PRINCIPLES

The Division for Children, Youth and Families seeks to protect the safety and welfare of children in a manner that supports families and does not compromise the safety of any family member. The Division recognizes the right of families to define themselves and encourages and assists families to do so in ways that assures the safety of all family members.

DCYF MISSION STATEMENT

***“WE ARE COMMITTED TO THE SUPPORT OF FAMILIES
TO ENSURE THE PROTECTION OF CHILDREN AND
THE COMMUNITIES IN WHICH THEY LIVE.***

***TO ACCOMPLISH THIS, WE WILL PROVIDE LEADERSHIP
AND DEVELOP COMMUNITY COLLABORATION IN THE
CREATION OF PUBLIC POLICIES AND PROGRAMS
WHICH STRENGTHEN AND ASSIST FAMILIES.***

***WE ARE DEDICATED TO PROVIDING SERVICES IN
THE LEAST RESTRICTIVE MANNER POSSIBLE
WHILE RESPECTING THE DIGNITY OF
THE FAMILIES WE SERVE.”***

OVERVIEW OF DOMESTIC VIOLENCE

DEFINITION

DOMESTIC VIOLENCE is the establishment of control and fear in a relationship through the use of violence and other forms of abuse. The offender may use physical abuse, emotional abuse, sexual abuse, economic oppression, isolation, threats, intimidation, and maltreatment of the children to control the other person. Relationships involving domestic violence may differ in terms of the severity of abuse, but control is the primary goal of all offenders.

FACTS

- Domestic violence is the leading cause of injury to women between the ages of 15 and 44 in the United States – more than car accidents, muggings and rapes combined.
- Domestic violence crosses all class, race and socioeconomic lines.
- Women and children are often victims within the same family. Children who live in homes where domestic violence occurs are abused at a rate that is 1500% higher than the national average.
- A recent major study involving more than 900 children at battered women’s shelters found that nearly 70% of the children were themselves victims of physical abuse or neglect.
- Battered women and their children are often economically compelled back into relationships with offenders.
- Children in homes where domestic violence occurs may “indirectly” receive injuries. They may be hurt when household items are thrown or weapons are used. An infant may be injured while being held by the mother when the batterer strikes out.
- Older children often are hurt while trying to protect their mothers.
- Ninety-five percent of all adult victims of domestic violence are women.
- Domestic violence occurs in same sex relationships also.

- Leaving an abusive partner can be very dangerous. A woman is five times more likely to be killed during or after separation from her offender.
- Abuse of children by a batterer is more likely when the marriage/relationship is dissolving and the batterer is highly committed to continued dominance and control over the rest of the family.
- Witnessing domestic violence is the single most proven apparent predictor of juvenile delinquency and adult criminality for males.

DOMESTIC VIOLENCE WORKING PREMISES/BASIC CONCEPTS FOR INTERVENTION

- Priority of safety and welfare of all family members is essential and is the guiding force for service planning and service delivery.
- **Victims are the best source of information in determining what is safe and need to be active participants in safety planning.**
- Domestic violence is rarely a single isolated incident; it is a pattern of coercive control inflicted by the perpetrator toward the victim that tends to increase in frequency and severity over time.
- Domestic violence is behavior choice made by the perpetrator; therefore, the perpetrator does have control over whether or not to use violence.
- Victims do not have control over the perpetrator's use of violence.
- Intervention must recognize the right of adult victims to make choices for themselves.
- Marital, couples or family counseling is not an appropriate initial treatment modality in cases of domestic violence.
- Mediation is inappropriate in domestic violence cases due to the power imbalance of the two parties.
- Domestic violence is a crime — not a private family matter.
- Holding perpetrator accountable for their use of violence is essential to prevent further abuse.
- A coordinated community response by all service providers is essential to ensure effective intervention that will protect victims and stop the violence by offenders.

DCYF INTAKE PROCEDURES

DCYF's Central Intake Unit receives, on average, approximately five hundred referrals each month alleging child abuse and/or neglect. The Intake staff must assess whether the caller is making a credible report of child abuse/neglect. In making this determination, the staff examines, to the extent possible, related areas of family functioning, including the possible existence of domestic violence.

As part of the initial intake regarding alleged child abuse/neglect, callers should be asked if they have knowledge of domestic violence occurring within the family. If there is an indication that it is occurring, the Intake CPSW must determine:

- Is the non-offending parent is being hit, threatened, or coerced;
- The whereabouts of children during incidences;
- The children's behaviors and responses due to witnessing domestic violence;

- Whether the children or mother have been injured;
- The frequency and severity of incidences;
- Whether weapons were involved;
- The presence of weapons in the home;
- The presence or use of alcohol and/or other drugs; and
- The steps taken to ensure safety for both child and mother (e.g.; shelter, police, restraining order)

For referrals that the Central Intake staff determine meet DCYF's Intake Policy guidelines regarding a credible report of child abuse and/or neglect, a referral for further assessment is made to the DCYF District Office covering the community where the family resides.

If the Central Intake staff determines that the call does not meet the Division's Intake Policy guidelines regarding a credible report of child abuse and/or neglect, no referral is made to the district office. However, if the caller indicated an awareness of domestic violence in the family, the caller must be advised of options and resources available to the victim (e.g., crisis centers, shelter, police) and the means of accessing those services in their community.

FAMILY ASSESSMENT OF SAFETY

An Assessment CPSW from the responsible district office conducts the assessment of the referral alleging child abuse/neglect. During this comprehensive family assessment, the CPSW determines the existence, extent and effects of family violence on the safety of the child(ren) and non offending adult. In addition, the family's immediate and on-going service needs will be assessed, as well as the appropriateness of on-going DCYF involvement. **Domestic violence does not warrant the automatic removal of children.**

Families in which domestic violence occurs are often isolated. A CPSW may be the only outsider (helping professional) with access to the family. This is a unique opportunity to assess whether domestic violence is present in a home and inform the victim her legal rights and of the availability of community resources and supports.

IN ORDER TO EFFECTIVELY IDENTIFY DOMESTIC VIOLENCE IN FAMILIES, ALL FAMILIES MUST BE SCREENED.

Many victims of domestic violence appear hostile or distrustful when asked to talk about their situation. This may be due to many factors such as; fear of retaliation, previous negative experiences with authorities, and/or not viewing their partners as abusive. When conducting an interview, it is important to remember that mothers are often afraid that the CPSW may:

- Tell their partner;
- Blame them or not believe them;
- Force them to do something that will increase their risk or for which they are not ready; and/or
- Take their children away.

VICTIMS OF DOMESTIC VIOLENCE ARE OFTEN THREATENED BY ABUSERS WITH LOSS OF THEIR CHILDREN THROUGH A REPORT BY THE ABUSER TO DCYF.

While joint interviews of children's caregivers may be appropriate in many assessment situations (when the initial report does not suggest domestic violence is present), the assessment CPSW must be alert to indicators of domestic violence in the course of a joint interview. The following, if noted in a joint interview, suggest that further separate interviews are appropriate:

- One adult who "speaks for" the other partner throughout the interview;
- An adult who consistently describes and addresses the partner in derogatory terms;
- An adult who is overly solicitous/condescending toward his/her partner;
- An adult who admits to acts of domestic violence but minimizes the frequency or severity, blames the partner for provoking it, or refuses to accept responsibility for his/her actions.

The inability of a partner to meet alone with the CPSW may also be suggestive of domestic violence.

***DO NOT ASK A SUSPECTED VICTIM ABOUT DOMESTIC VIOLENCE
IN THE PRESENCE OF A SUSPECTED BATTERER.***

If allegations or concerns of domestic violence are contained in the referral, the mother expressed fear of her partner, and/or force has been used in the relationship, the CPSW should:

- Plan for her/his own safety (i.e., When interviewing the alleged batterer, have another CPSW or police present).
- Contact the police to see if they have responded to reports of domestic violence at the family's address.
- Consider the safety of all family members when structuring interviews. Make reasonable efforts to interview household members separately. The optimal sequence is as follows:
 - non offending parent/partner;
 - children;
 - other household members;
 - alleged offender.

INTERVIEWING THE NON-OFFENDING PARENT/PARTNER

Information about family violence obtained during the interview/assessment is most accurate if the battered person is included in the planning for the child's safety. Believe her when she says that she and/or the children are in danger. Never minimize the seriousness of the problem. A supportive approach can help elicit accurate information.

Assure the non-offending parent/partner that you are concerned about her safety as well as the children's safety.

Questions need to be simple, direct, and designed to elicit information concerning issues of fear, control, violence, use of threats concerning the children and whether this mother has attempted to seek help or wants help. It is important to remain non-judgmental and supportive.

Assure the non-offending parent/partner that every effort will be made not to reveal her statements and other information to the alleged offender, but explain the limits of confidentiality.

Include questions in the following areas:

- The marriage/relationship and how she feels about it;
- How decisions are made within the relationship;

- Are alcohol and/or other drugs a factor;
- How conflict is handled;
- Presence, and/or use of weapons;
- Has she ever felt afraid for herself or the children; and
- What happens when the partner expresses anger or dissatisfaction.

If the allegations of domestic violence appear to be supported, the CPSW should immediately begin safety planning, support and education with the non-offending parent and the children. It is critical that information about legal rights and local programs for battered women, such as hotline, shelter, counseling, and advocacy services be provided to the non-offending parent/partner. Offer these services even if the client chooses to remain with her partner. **Do not force a victim of domestic violence to select any one option for safety.**

INTERVIEWING CHILDREN

Children must be interviewed in order to determine their account of what has been occurring, what are their safety concerns, what they have seen, the impact that witnessing violence has had on them, and their worries about future safety.

If the original referral indicates that there is domestic violence and the children are not in immediate danger of abuse, it is preferable not to interview the children first. Children may relate information to the offender that may compromise the victim's safety. Older children are more likely to minimize reports of parental fighting out of loyalty to parents as they want to protect them. Younger children may be more spontaneous and less guarded in their discussions.

Include questions in the following areas:

- The kinds of things Mom and Dad (boyfriend, partner) fight about;
- What happens when they fight;
- Does anyone get hit or hurt when they fight;
- What do the children do when there is fighting going on;
- What do the children think or worry about during the fighting;
- Do the children report having trouble: sleeping at night; eating; in school;
- In an emergency, who would the children call? Where would they go?

If children do not have an idea of whom to call, the CPSW should give them some basic information or help the mother suggest what they might do if parents are engaged in violent behavior. Could they go to another room? A neighbor's house? Call a relative? Call 911? Information gathered from this interview should be shared with the mother to help her understand the effects of domestic violence on her children, as long as the children's safety will not be compromised.

INTERVIEWING THE ALLEGED OFFENDER

The purpose of interviewing the offender is to obtain information concerning his perception of the problem, strengths of the family, attitude toward violence, and to gain a perspective about his behavioral and emotional status. The CPSW can also provide him with information regarding community programs that work with batterers as well as the criminal nature of domestic violence.

The typical offender blames his partner and/or others and attempts to deny his behavior. Other offenders may present a higher risk. Higher risk offenders may fall into the following categories:

- **OBSESSED OFFENDER.** This person will appear to be very jealous. He cannot seem to tolerate separation from his partner. He may make threats to kill or harm her if she attempts to separate and is often a threat long after a separation.
- **SADISTIC OFFENDER.** This person's pattern of violence is vengeful and has a bizarre, depersonalized nature. These offenders often assault their partners without warning or provocation. His violence usually involves inflicting severe pain. This individual may have no criminal record and may hold a prestigious position in the community.
- **HYPER-VIOLENT OFFENDER.** This person takes offense easily. He is constantly trying to prove himself and takes any intervention or criticism as a personal attack on his manhood. This type of offender often has an extensive criminal record and has extreme anger towards authority figures. He presents high risk not only to family members but to protective service staff as well. It is very important to set very clear limits with this type of offender and to refuse to work with him if he threatens or attempts to intimidate.

In order to complete a comprehensive family assessment of safety, it is important to obtain information from all family members, including the offender. However, there may be situations when a CPSW obtains information that indicates an interview with the offender is too dangerous for either the CPSW or other family members. In these situations, he/she must consult with a supervisor and collaborate with the local battered woman's group, and the local police. If it is decided not to interview the offender, because it is in the child's best interest, the CPSW must document the reasons in the case record. Third party reports are essential in these instances. If it is determined from the interview with the mother and/or children, that the offender can be safely interviewed, the following areas may be useful to determine his perception of the issues:

- His overall view of the relationship and the family;
- Three things he likes about his family and partner;
- How does the family handle conflict;
- What happens when he does not get his own way;
- Has he ever been so angry that he wanted to physically hurt someone;
- Has he ever forcefully touched anyone in his family; In what way;
- Has he ever threatened to harm or kill his partner, children or himself?

INTERVENTION STRATEGIES

During the time that interviews and collateral contacts are being made to complete a comprehensive family assessment, it is imperative that the CPSW formulate a good understanding of the issues and dynamics at hand.

Does the mother or the offender acknowledge the level of abuse? Do they offer similar or different accounts of the incidents? Is alcohol and/or other drug abuse an issue? Are the children safe? Do they feel safe? Compare this to what the children have reported.

What are the mother's strengths? The children's? The family's? Does the mother have the ability to assess potential danger? Does she believe that she is at fault or that he can change with counseling? **It is important that she is told that the violence is not her fault and that neither she nor the children deserve to be beaten.**

Is the mother afraid and openly asking for help? Does she fear disclosure of the abuse because she does not want to lose her children? Because she does not want the offender to retaliate? And/or because she does not believe real help is available because of past non-responsiveness by family members or agencies?

If the mother is openly asking for help, the CPSW should immediately begin safety planning with her. The mother should be informed of appropriate community resources, such as battered women's programs, legal services, welfare and housing advocacy, and mental health services.

If the mother appears uncooperative, it is counter-productive to attempt to force the above mentioned services. Reiterate concern for her safety and the safety of the children. Continue to educate the mother about available options and services. It is possible that outside intervention may increase the risk to the mother. In these instances, it is critical to inform the mother in advance of any plans by the Division (e.g.; to interview the batterer and/or collateral contacts).

CURRENT SAFETY NEEDS

All victims attempt to use safety strategies to prevent, stop or minimize abuse and to maintain their dignity in the face of intimidation and control. It is important to determine what safety strategies have been employed in the past and whether these have been effective. It is equally important to ensure that children in domestic violence situations also have a safety plan of their own. The following areas of questioning will assist in determining a safety plan:

- What works best to keep all family members safe; During emergencies;
- Has a family member ever: Called the police? What was the result? Filed a court order? Did it help? Seen a counselor? What happened? Left home as a result of the abuse? What occurred to the children? Used a battered women's shelter? Was it helpful?
- What other things have been tried to keep family members, including the children, safe;
- Where would go she if she had to leave in an emergency; What would happen to the children?
- Is there a current restraining court order; Does it include the children;
- Does she want help in seeking a court order for protection, going to shelter, or any other services for herself and the children?

If a mother does not have a well-determined safety plan, the CPSW should coordinate with the local domestic violence agency to collaborate with the mother in devising one. A good plan will include information the mother wants to take with her if she needs to leave in a hurry; teaching children what to do in case violence erupts; having outside resources aware of and willing to act if they determine something is happening and having a list of safe places to go if necessary. In addition, the mother might consider having a small amount of money available in the event of an emergency and putting copies of important papers in a safe place away from the home.

ASSESSMENT OUTCOMES

During the assessment of the family, key issues the CPSW must identify and assess include: the presence of abuse/neglect of the child(ren) and the additional risk factor of family violence; the safety of the child and parent; strengths within the family; and the appropriateness of on-going DCYF involvement.

For assessments in which the Division does not determine that there is probable cause to believe that a child has been abused and/or neglected, the referral is considered unfounded and the case is closed. If, during the course of the assessment, the CPSW becomes aware of domestic violence within the family, it

is critical that information about legal rights and local programs for battered women, such as hotline, shelter, counseling, and advocacy services be provided to the non-offending parent/partner. These services should be offered even if the client chooses to remain in the relationship.

When the Division determines that there is probable cause to believe that a child has been abused and/or neglected, the referral is founded. The family's case may or may not be opened for on-going DCYF services. This is determined by the on-going safety issues present within the family. The Assessment CPSW must:

- Assess the non-offending caregiver's ability to protect the children from harm;
- Advise the non-offending caregiver of legal rights, community resources available, and the means of accessing those resources;
- Work with the non-offending caregiver in developing a safety plan that includes the children. The plan may include actions to be taken by the children; and
- Identify services and service providers that will be needed to implement the safety plan.

At the same time, the CPSW must assess the impact family violence has upon the safety of the child, both physically and emotionally. If there is probable cause to believe the risk is so great to constitute danger to the child, then the CPSW must find ways to reduce the risk, including removal of the child if necessary.

Prior to removing a child from home by filing a petition under RSA 169-C (Child Protection Act), the assessment worker must consider the following as alternative methods of assuring the child's safety.

- Inquiring whether the non-abusive parent wishes to seek orders pursuant to RSA 173-B (Protection of Persons From Domestic Violence), which may result in removal of an abusive parent or partner from the home, and, if necessary, other provisions as to custody and visitation.
- Requesting an order from the district court, pursuant to a petition under RSA 169-C, removing the abusive parent or other household member from the home, and limiting or prohibiting contact between that person and the child.

Consideration of these alternatives to removal of the child may permit the child and non-abusive parent to remain together in the home. This protects the child in the least restrictive manner. It may also provide the non-abusing parent with important protection from domestic violence.

SERVICE PLANNING

The primary goal of service planning is to promote enhanced protection of children and their families, and to have offenders take responsibility for their own behavioral change.

In conducting family treatment in cases when domestic violence has occurred, a preliminary step would be for the batterer to engage in a domestic violence evaluation by a clinician with expertise in treating battering. This evaluation would address at the minimum:

- The extent and history of the battering;
- The batterer's ability to take ownership of his/her behavior and to acknowledge he/she has a problem;
- The batterer's ability to develop approaches to stop violent behavior;
- The batterer's ability to develop a prevention plan; and
- The batterer's level of insight as to the effect of his/her behavior on others, including the children, in the home.

Following this evaluation, the standard treatment for domestic violence offenders is group psychotherapy. The standard treatment recommendation is that an offender participate in a minimum of six months of this treatment prior to engaging in family therapy.

During this time, the battered adult should be referred to a domestic violence support group and/or individual counseling to address the following issues if appropriate:

- Personal safety issues in order to protect herself and the children from abuse;
- Education regarding the effects of domestic violence on oneself;
- Education regarding the effects of domestic violence on children;
- How to discipline children without violence.

Another possible option for family therapy, though goals would be very limited, is to engage the family in therapy without the batterer. Again, to ensure safety, it would be necessary to meet with the battered person to address:

- His/her ability to identify battering as a problem;
- His/her ability to appreciate the impact of the violence on the children;
- His/her ability to develop a safety plan; and
- The possible reactions the battered adult might experience from the batterer and help prepare them.

If the family treatment were to begin without the batterer's participation, the batterer could join the family treatment when and if he/she engaged in the assessment and treatment described above. Family therapy that includes the batterer, should be considered only with the consensus of all family members and the parties respective therapists, including the children. During this time, the on-going support needs for the family may increase in intensity as the batterer is beginning to reintegrate into the family system either through visitation or reunification.

It is important to note that family treatment without the batterer may be an important step in helping the non-offending parent to re-establish their role as a responsible caretaker, with reasonable parental authority and the ability to provide a safe environment for her children.

If the batterer continues to live in the home and the issue of domestic violence is not addressed actively, the prognosis for the family is poor.

ADDITIONAL CONSIDERATIONS IN DOMESTIC VIOLENCE ASSESSMENTS

It is important to identify the influences of a family's **culture** as it pertains to domestic violence. Issues regarding family member roles, gender stereotypes, religious influences, and other beliefs about property, control, and money must be understood in order to do an accurate assessment and effective intervention.

Alcohol and/or other drug abuse may make situations worse, but does not cause domestic violence. Studies show there to be a strong correlation between the use of alcohol and the use of violence, however, most researchers agree that this is not a causal relationship. Some violent individuals are abusive only when intoxicated, but not all intoxicated persons or alcoholics are violent. Some substance abusers beat their spouses and/or children only when sober, and yet other perpetrators are violent whether sober or intoxicated. Alcohol and/or other drug treatment alone does not stop the violence; there must be treatment for both the substance abuse and the battering.

Many battered women and their children face major hurdles as they attempt to create a life that is violence free. These changes often include a move to a shelter, a relative's home, or even to a new city. A move is often accompanied by multiple other adjustments in a child's life including a disruption in friendship networks, a separation (temporary or permanent) from the child's father, loss of pets or belongings, and enrolling into a new school. At the same time as children confront these challenges, mothers are often facing their own burdens, adding further to the child's stress.

The documentation and disclosure of domestic violence may dramatically increase the risk for women and children. The following guidelines may help to reduce the risk when the information must be shared:

- Information in the case record pertaining to a confidential address of a battered woman should be removed (e.g.; shelter, or re-location to new housing).
- When disclosure of domestic violence is made during court proceedings, attorneys may want to confer with the judge in chambers regarding the possible consequences of such disclosure.
- When information must be shared, battered women should be notified so that they may plan for their safety.
- Safety of all family members must be considered when planning case transfers.

Battered women clearly face great economic, social and safety hurdles when attempting to leave a violent partner. The decision to leave or stay often hinges on the mother's assessment of what will be in the best interest of her children. A sympathetic understanding of her reasoning and the many forces that shape her decision is of critical importance to insuring safety for her and her children.

